## Governor's Office Authorization for Release of Personal Information and Waiver

Authorization for Release of Personal Information and Waiver		
State of Nevada County of		
I do hereby authorize a review and full disclosure of the Nevada Governor's Office, whether such records		
The intent of this authorization is to give consent for full and complete disclosure of my driver's history, criminal history, educational background, military personnel records, records of military service, records of financial or credit institutions (including records of loans), records of commercial or retail credit agencies (including credit reports and/or rating), records of the Nevada Department of Taxation, and any other financial statements and records wherever filed, and employment and pre-employment records (including background reports, polygraph reports and charts, efficiency ratings, complaints or grievances filed by or against me), and records of local, state, and federal criminal justice agencies.		
I understand that any information obtained by person or indirectly, in whole or in part, upon this release appointment to or in a governmental position of truinformation to any person(s) deemed by the Govern such suitability. I also certify that any person(s) who accountable for giving this information; and I do her incurred as a result of furnishing such information.	authorization will bust. I authorize the nor's Office to be a may furnish such	be used in determining my suitability for the disclosure of the aforementioned personal a participant in the determination process of information concerning me shall not be held
I hereby release from liability and promise to hold he Nevada and the Department of Public Safety, its offi who shall furnish information or opinions to the all investigation.	cers, agents or en	ployees, and any and all persons or entities
I hereby waive, without reservation, any right I may discover the contents of this background investigation any nature whatsoever that may accrue to myself, myself, may accrue to myself, m	on and all related d	ocuments thereto. This waiver shall apply to
A photocopy of this release form will be as valid as my original signature.	the original form, e	even though the photocopy does not contain
I have read and fully understand the contents of this	authorization for R	elease of Personal Information Document
Full Legal Name	Signature	
Residence Street Address	Sex	Race
City/State/Zip	Date of Birth	
Social Security Number*	Date of Authorization	

Name of Board, Commission, Committee, Authority, General Area of Interest, or Specific Position of Trust

Sworn to and subscribed before me this\_\_\_\_\_\_ day of \_\_\_\_\_\_, \_\_\_\_\_

NOTARY PUBLIC

My commission Expires